

United States District Court
Northern District of Oklahoma

STATE OF OKLHOAMA, ex rel., et al.
PLAINTIFF

v.

TYSON FOODS, INC. et al.
DEFENDANTS AND THIRD-PARTY PLAINTIFFS

**THIRD PARTY SUMMONS IN A
CIVIL ACTION**

v.

City of Tahlequah, et al.
THIRD PARTY DEFENDANTS

CASE NUMBER: 05-CV-0329-JOE-SAJ

To: **Doris Mares individually**
P. O. Box 46,
Cookson OK 74427

YOU ARE HEREBY SUMMONED and required to file with the clerk of this court and serve upon

PLAINTIFF ATTORNEY

Douglas Allen Wilson
Melvin David Riggs
Richard T. Garren
Sharon K. Weaver
Riggs Abney Neal Turpen Orbison & Lewis
502 West 6th Street
Tulsa, OK 74119-1010

**DEFENDANT AND THIRD
PARTY PLAINTIFFS
ATTORNEYS:**

A. Scott McDaniel
Joyce, Paul & McDaniel PLLC
1717 South Boulder, Suite 200
Tulsa, OK 74119
For Peterson Farms

Robert W. George
Kutack Rock LLP
The Three Sisters Building
214 West Dickson Street
Fayetteville, AR 72701-5221
For Tyson Foods, Inc.

R. Thomas Lay
Kerr, Irvine, Rhodes & Ables
201 Robert S. Kerr Ave., Suite 600
Oklahoma City, OK 73102
For Willow Brook Foods, Inc.

Robert P. Redemann
Lawrence W. Zeringue
David C. Senger
Perrine, McGivern, Redemann, Reid,
Berry & Taylor, PLLC
P. O. Box 1710
Tulsa, OK 74101-1710
For Cal-Maine Foods, Inc.

George W. Owens
Randall E. Rose
The Owens Law Firm, P.C.
234 West 13th Street
Tulsa, OK 74119
For George's Inc.

John R. Elrod
Vicki Bronson
Conner & Winters, P.C.
100 West Center Street, Suite 200
Fayetteville, AR 72701
For Simmons Foods, Inc.

an answer to the Third-Party Complaint which is herewith served upon you within **20 days** after the service of this summons upon you exclusive of the date of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the Third-Party Complaint. There is also served upon you herewith a copy of the Complaint of the Plaintiff. You have the option of answering or not answering the Plaintiff's Complaint *unless* (1) this is a case within Rule 9(h) Federal Rules of Civil Procedure, *and* (2) the Third-Party Plaintiff is demanding judgment against you in favor of the original Plaintiff under the circumstances described in Rule 14(c) Federal Rules Civil Procedure, in which situation you are required to make your defenses, if any, to the claim of Plaintiff as well as to the claim of the Third-Party Plaintiff.

MAR 15 2006

Phil Lombardi

Clerk

Date

D. McDaniel
(By) DEPUTY CLERK

| RETURN OF SERVICE | | |
|--|----------|-----------|
| Service of the Summons and complaint was made by me ⁽¹⁾ | DATE | 3.17.2006 |
| NAME OF SERVER (PRINT) Elizabeth Trotta | TITLE | Paralegal |
| Check one box below to indicate appropriate method of service | | |
| <input type="checkbox"/> Served personally upon the third-party defendant. Place where served: | | |
| <input type="checkbox"/> Left copies thereof at the third-party defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: | | |
| <input type="checkbox"/> Returned unexecuted: | | |
| <input checked="" type="checkbox"/> Other (specify): Certified Mail, Restricted Delivery | | |
| STATEMENT OF SERVICE FEES | | |
| TRAVEL | SERVICES | TOTAL |
| | | |
| DECLARATION OF SERVER | | |
| <p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>3.23.2006</u> <u>Elizabeth Trotta</u> <small>Date Signature of Server</small></p> <p><u>1717 S. Boulder, Ste. 200, Tulsa OK 74105</u> <small>Address of Server</small></p> | | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | Official Service TM REGISTERED MAIL TM RECEIPT (Insurance Only; No Insurance Coverage Provided) | | | | | | | | | | | | | | | | |
|--|---|---|-----|----|----|--|-----|--|------|---------------|--|------|------------------|--|------|------|--|----------|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the envelope or on the front if space permits. | <p>A. Signature <u>Doris Manes</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Doris Manes</u> C. Date of Delivery <u>3-17-06</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p> | <p>Information visit our website at www.usps.com</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OFFICIAL USE</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Tag</td> <td style="width: 10%;">\$</td> <td style="width: 10%;">15</td> <td rowspan="5" style="width: 20%; text-align: center; vertical-align: middle;"> </td> </tr> <tr> <td>Fee</td> <td></td> <td>2.40</td> </tr> <tr> <td>Fee (insured)</td> <td></td> <td>1.85</td> </tr> <tr> <td>Fee (registered)</td> <td></td> <td>3.70</td> </tr> <tr> <td>Fees</td> <td></td> <td>\$ 14.10</td> </tr> </table> | Tag | \$ | 15 | | Fee | | 2.40 | Fee (insured) | | 1.85 | Fee (registered) | | 3.70 | Fees | | \$ 14.10 |
| Tag | \$ | 15 | | | | | | | | | | | | | | | | |
| Fee | | 2.40 | | | | | | | | | | | | | | | | |
| Fee (insured) | | 1.85 | | | | | | | | | | | | | | | | |
| Fee (registered) | | 3.70 | | | | | | | | | | | | | | | | |
| Fees | | \$ 14.10 | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p><u>Doris Manes</u> <u>Individually</u> <u>PO Box 46</u> <u>Cookson, OK 74427</u></p> | <p>2. Article Number <small>(Transfer from service label)</small></p> <p style="text-align: center; font-weight: bold;">7005 3110 0002 7876 0997</p> | <p><u>Doris Manes</u> <u>PO Box 46</u> <u>Cookson, OK 74427</u></p> | | | | | | | | | | | | | | | | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | | <p>See Reverse for Instructions</p> | | | | | | | | | | | | | | | | |